



New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373
(718) 595-3693

Application for Master Environmental Hazard Remediation Technician

1. Last Name _____
2. First Name _____
3. NYS DMV # _____
4. Mailing/Home Street Address _____
5. City or Town _____ State: _____ Zip Code _____
6. Home Tel # () _____ - _____ Work Tel # () _____ - _____ Mobile # () _____ - _____
7. Birthday ____/____/____
8. Height: _____ feet _____ inches
9. Weight: _____ pounds
10. Gender: Male Female
11. Training Program/Courses as provided (see Attachment A):
 - (a) OSHA Construction or General Industry
 - Name of Training Provider: _____
 - Location of Training: _____
 - Dates of Training: ____/____/____ to ____/____/____
 - Attach copy of Certificate
 - (b) NYSDOL Handler
 - Attach copy of valid NYCDEP-issued Asbestos Handler Certificate
 - Attach copy of valid NYSDOL-issued Asbestos Handler Certificate
 - (c) Hazardous Waste Operations
 - Attach copy of 40-hour Hazwoper Training Certificate
 - Attach copy of most recent Refresher Training Certificate if applicable



(d) USEPA Lead Worker

- Attach copy of valid USEPA-issued Certificate

(e) Microbial Remediation

- Name of Training Provider: _____
- Location of Training: _____
- Dates of Training: ___/___/___ to ___/___/___
- Attach copy of course description and outline
- Attach copy of course completion certificate

(f) Water Damage Restoration

- Name of Training Provider: _____
- Location of Training: _____
- Dates of Training: ___/___/___ to ___/___/___
- Attach copy of course description and outline
- Attach copy of course completion certificate

(g) Fire Damage Restoration

- Name of Training Provider: _____
- Location of Training: _____
- Dates of Training: ___/___/___ to ___/___/___
- Attach copy of course description and outline
- Attach copy of course completion certificate

(h) Polychlorinated Biphenyls (PCB) Awareness

- Name of Training Provider: _____
- Location of Training: _____
- Date of Training: ___/___/___
- Attach copy of course description and outline
- Attach copy of course completion certificate

(i) Bloodborne Pathogens

- Name of Training Provider: _____
- Location of Training: _____
- Date of Training: ___/___/___
- Attach copy of course description and outline
- Attach copy of course completion certificate

(j) Infection Control Risk Assessment

- Name of Training Provider: _____
- Location of Training: _____
- Date of Training: ___/___/___
- Attach copy of course description and outline
- Attach copy of course completion certificate



- 12.** Attach a copy of your NYS DMV identification, non-driver ID or the FS-6T receipt.
 Attach copy of Social Security card
 Attach two (2) identical color passport photos with a white background

APPLICANT'S CERTIFICATION

If it is determined that a Master Environmental Hazardous Remediation Technician provided false, misleading, or materially incorrect information to the DEP in the course of providing certifications or providing test results pursuant to Section 24-1000 et seq., such person shall be suspended and/or have their registration revoked after a hearing in accordance with §24-1002 (g) and subject to enforcement action in accordance with §24-1003.

I _____ certify that the information contained on this form and the supporting documentation is accurate and true and request to become a Master Environmental Hazardous Remediation Technician.